

AUTO CR - LOG SUMMARY #1057144

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the involved member discharged his taser toward a vicious dog that was attempting to attack him It is further reported that the involved member discharged his weapon, striking the dog	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	GUSHES, EVE M	23		007 /	LIEUTENANT OF POLICE	F	WHI	

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
18-SEP-2012 10 57 - 18-SEP-2012 10 57		0735	007	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
------	------	----------	---------	-----------	----------	--------	-----------------------------

Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	BUTLER, DARWIN E	726		007 /	SERGEANT OF POLICE	M	BLK	

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
------	-----------------	----------------	--------------

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
--------------	------	---------------	---------------	--------------------	------------------------	-------------

Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
------	-----------------------------	-----------------------------	----------------------------	-----------------	-------------	-----------------------	-------------	---------------	-------------------

Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
--------------	----------	------------	----------	-------------	---------

Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
--------------	------------	-----------	------------------------	--------------	--------------	-------------------	-----------

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	07-DEC-2012 12:02	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	07-DEC-2012 12:01	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	06-NOV-2012 07:54	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	06-NOV-2012 07:46	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	06-NOV-2012 07:46	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	06-NOV-2012 07:44	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	27-OCT-2012 04:06	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	18-SEP-2012 12:50	TOPPINS, YOLANDA	INTAKE AIDE	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					TOPPINS, YOLANDA	18-SEP-2012 12:50			
	DOCUMENTS - INTAKE INCIDENT		1		N	TOUSANT, LISA	27-OCT-2012 04:06	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	BUTLER DARWIN E 1683	N	TOUSANT, LISA	27-OCT-2012 03:38	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		15		N	TOUSANT, LISA	27-OCT-2012 03:32	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1		N	TOUSANT, LISA	06-NOV-2012 07:44	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
-------------	------------------------------	-------------	-------------	----------	------	-------------	---------

Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
-------------	------------------------------	-------------	-------------	----------	------	-------------	---------

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
---------	------------	-------------	--------------------	------	---------	---------	------------------

Accused Penalty History

Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
---------	-------------	--------------------	------	---------	---------	------------------

Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
--------------	-------------	----------	---------	----------	----------

FACE SHEET (Notification Date: 18-SEP-2012) - LOG #1057144

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	GUSHES, EVE M	23		007 /	LIEUTENANT OF POLICE	F	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
18-SEP-2012 10:57 - 18-SEP-2012 10:57		0735	007	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
------	------	----------	---------	-----------	----------	--------	-----------------------------

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	18-SEP-2012 12:50	TOPPINS, YOLANDA	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	07-DEC-2012 12:02	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	07-DEC-2012 12:01	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	06-NOV-2012 07:54	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	06-NOV-2012 07:46	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	06-NOV-2012 07:46	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	06-NOV-2012 07:44	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	27-OCT-2012 04:06	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	18-SEP-2012 12:50	TOPPINS, YOLANDA	INTAKE AIDE	113 /	

**BUREAU OF INTERNAL AFFAIRS
INVESTIGATIONS DIVISION
GENERAL INVESTIGATIONS SECTION**

**18Sep12
CL #1057144**

TO: Juan Rivera
Chief
Bureau of Internal Affairs

ATTN: Robert Klimas
Commander
Investigations Section

ATTN: Lt. Susan Clark #320
Administrative Section
Investigations Division

FROM: Sergeant Skol #1378
Investigations Division
General Investigations Section

SUBJECT: **Synoptic Report – Firearm Discharge Incident (Dog Destroyed)**

RESULTS: **BAC .000**

REFERENCE: **LOG # 1057144**
WD # [REDACTED]
RD# [REDACTED]

**INCIDENT
LOCATION:** [REDACTED]

DATE & TIME: 18Sep12 @ 1040hrs

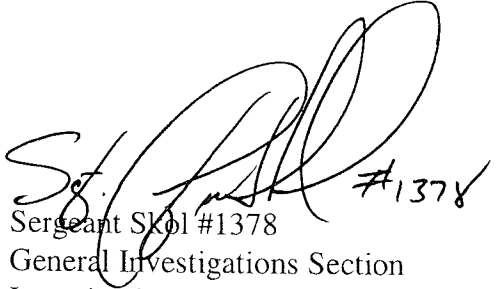
DSS: Lieutenant Gushes #412

INVOLVED MEMBER: Sergeant Darwin Butler
Star #1683
Employee [REDACTED]
Unit of Assignment: 007
C/S: 05Dec94


NARRATIVE:

R/S received notification from PO Strickland #11443 of CPIC @ 1040 hours on 18Sep12 regarding a Firearm Discharge Incident in the 007th District.

Undersigned proceeded to 007th District, where Sergeant Darwin Butler #1683 was presented with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" form at 1235hrs. R/Sgt began the 20 min observation period of Sergeant Butler at 1230hrs. The Breath Test was conducted at 1257hrs and the BAC was .000. The W/C was notified of the results. R/Sgt collected the urine specimen from Sergeant Butler at 1325hrs.

 #1378
Sgt. Skol #1378
General Investigations Section
Investigations Division

APPROVED:


Lt. Susan Clark # 320
Administrative Section
Investigations Division

TEST RECORD
RBT IV

RBT IN# [REDACTED]
DATE 09-18-12
TEST NO. 0532
ID# 39441
AS IN# [REDACTED]
TEMPERATURE 20 C

SUBJECT TEST
%BAC TIME

.000 BLANK
.000 AUTO 12:57



g. CONTROL #1378

WITNESS

DNA

TEST LOCATION

CL#1057144

Last Name: BUTLER 8138
First Name: DARWEN
Rank: Sgt.
Star #: 1683
Unit: 007
Home Zip Code: 60652
Date Hired: 05 DEC 1994
Birthdate: [REDACTED]

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by Sgt. L. Skol #1378

☐ Employer Representative _____

Signature of Employer Representative

PART I - A. On the 16 day of SEPT, 12 at 1330, I, DARWIN BUTLER #1683,
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to Sgt. L. Skol #1378,
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial
with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.
I then initialed the evidence tape with specimen ID number _____

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode
label on bag with the number _____

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.
[REDACTED]	

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II - The urine specimen with the control number _____ was removed and then secured in the
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

(STAFF MEMBER'S SIGNATURE)

(DATE)

(TIME)

(EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____
was removed from the Random Drug Testing Unit refrigerator by _____
(RDTU MEMBER)
and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 18 day of Sept 2012 C-P-MOE # 26836
received a collected urine specimen from Sgt. Skol # 1378. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by C-P-MOE in the presence
of Sgt. Skol. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by C-P-MOE, as witnessed by Sgt. Skol.

Specimen delivered by: _____ # _____
Signature

Received/stored by: C-P-MOE # 26836
Signature



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name DARWIN BUTLER Title Sgt.
Star No. 1683 Employee No. [REDACTED] Unit 007

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name		Involved Member's Signature		Date and Time
SGT. DARWIN BUTLER #1683		[Signature] #1683		18 SEP. 12 1235
Type of Test Alcohol	Location <u>007th DIST.</u>			Date and Time <u>16 SEP 12 1025 hrs</u>
Type of Test Drug	Location <u>007th DIST.</u>			Date and Time <u>16 SEP 12 1325</u>

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name		B.I.A. Supervisor's Signature		Date and Time
SGT. L. SKOL #1378		[Signature] #1378		18 SEP 12 1340 hrs

CPD-44.252 (REV. 11/11)

DISTRIBUTION: ORIGINAL - TO B I A SUPERVISOR, COPY - TO INVOLVED MEMBER.

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM

Quest, Quest Diagnostics, the Quest Diagnostics logo and an associated mark are the trademarks of Quest Diagnostics Incorporated. All rights reserved. 10/03/15-5H Revised 2/10 SL2K-11886

ITEM ID NO. _____

LAB ACCESSION NO. _____

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. _____ B. MRO Name, Address, Phone and Fax No. _____

C. Donor SSN or Employee I.D. No. _____

D. Donor Name: Last. _____ First. _____

E. Donor ID Verified: ☐ Photo ID ☐ Emp. Rep. _____

F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)
☐ Return to Duty (6) ☐ Follow-up (23) ☐ Other (specify) (99) _____

G. Drug Tests to be Performed: _____

H. Collection Site Name: _____ Address: _____ City, State and Zip: _____

Collection Site Code: _____ Collector Phone No.: _____ Collector Fax No.: _____

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark _____

Specimen Collection: ☐ Split ☐ Single ☐ None Provided (Enter Remark) _____ ☐ Observed (Enter Remark) _____

REMARKS _____

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

X _____ Signature of Collector _____ Time of Collection _____ AM/PM _____
(Print) Collector's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

RECEIVED AT LAB: X _____ Signature of Accessioner _____
(Print) Accessioner's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

SPECIMEN BOTTLE(S) RELEASED TO:
☐ Quest Diagnostics Courier ☐ FedEx
☐ Other _____ Name of Delivery Service Transferring Specimen to Lab _____

Primary Specimen Bottle Seal Intact
☐ Yes ☐ No, Enter Remark _____

SPECIMEN BOTTLE(S) RELEASED TO: _____

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct

X _____ Signature of Donor _____ (PRINT) Donor's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

Daytime Phone No. () _____ Evening Phone No. () _____ Date of Birth _____ Mo. Day Yr.

Last Name: BUTLER 8138
First Name: DARWIN
Rank: Sgt.
Star #: 1683
Unit: 007
Home Zip Code: 60652
Date Hired: 05 DEC 1994
Birthdate: [REDACTED]

Copy TS

09/18/12

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by Sgt. L. Skol #1378

☐ Employer Representative _____

Signature of Employer Representative

PART I - A. On the 16 day of SEPT, 12 at 1330, I, DARWIN BUTLER #1683,
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Sgt. L. Skol #1378,
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.
[REDACTED]	[REDACTED]

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number _____

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number _____

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II - The urine specimen with the control number _____ was removed and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by _____

(STAFF MEMBER'S SIGNATURE)

(DATE)

(TIME)

(EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____

was removed from the Random Drug Testing Unit refrigerator by _____ (RDTU MEMBER)

and then delivered to _____ (LAB MEMBER), on _____ (DATE), at _____ (TIME)

Specimen received by _____ (LAB MEMBER'S INITIALS) _____ (RDTU MEMBER'S SIGNATURE) _____ (STAR/EMP NO.)

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 18 day of Sept 2012 C-P-MOE # 26836
received a collected urine specimen from Sgt. Skol # 1378. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or



The packaging was then opened by C-P-MOE in the presence
of Sgt. Skol. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or



The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by C-P-MOE, as witnessed by Sgt. Skol.

Specimen delivered by: _____ # _____
Signature

Received/stored by: C-P-MOE # 26836
Signature



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name DARWIN BUTLER Title Sgt.
Star No. 1683 Employee No. [REDACTED] Unit 007

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name		Involved Member's Signature		Date and Time
SGT. DARWIN BUTLER #1683		[Signature] #1683		18 SEP. 12 1235
Type of Test <u>Alcohol</u>	Location <u>007th DIST.</u>	Date and Time <u>16 SEP 12 1257</u>		
Type of Test <u>Drug</u>	Location <u>007th DIST.</u>	Date and Time <u>16 SEP 12 1325</u>		

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name	B.I.A. Supervisor's Signature	Date and Time
SGT. L. SKOL #1378	[Signature] #1378	18 SEP 12 1340 MRS

CPD-44.252 (REV. 11/11)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

EMPLOYEE ID NO.

EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No

C. Donor SSN or Employee I.D. No

D. Donor Name: Last:

E. Donor ID Verified:

☐ Photo ID ☐ Emp. Rep

F Reason for Test:

☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)
☐ Return to Duty (6) ☐ Follow-up (23) ☐ Other (specify) (99)

G. Drug Tests to be Performed:

H. Collection Site Name:

Collection Site Code

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☐ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split ☐ Single ☐ None Provided (Enter Remark) ☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s) Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

X

Signature of Collector

Time of Collection

AM
PM

(Print) Collector's Name (First, MI, Last)

Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☐ Quest Diagnostics Courier ☐ FedEx

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:

X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ Yes

☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct

X

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth

Mo Day Yr



9/19/2012 1:16:40 PM

Drug Detail Report

PATIENT INFORMATION

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: [REDACTED]

SPECIMEN INFORMATION

REQUISITION [REDACTED]
LAB REF NO: [REDACTED]
COLLECTED 9/18/2012 13:35
RECEIVED 9/19/2012 05:44
REPORTED 9/19/2012 13:18
DOCUMENT ID

CLIENT INFORMATION

[REDACTED]
CHICAGO POLICE DEPT
3510 S MICHIGAN AVE
CHICAGO, IL 60653

Reason: OTHER -- WEAPONS DISCHARGE PER FOR CONT

Tests Ordered: 35190N

Integrity Checks

Acceptable Range

CREATININE	233.1 mg/dL	>= 20 mg/dL
pH	5.5	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel

	Initial Test Level	GC/MS Confirm Test Level
AMPHETAMINES	Negative	1000 ng/mL
BARBITURATES	Negative	300 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL
METHADONE	Negative	300 ng/mL
METHAQUALONE	Negative	300 ng/mL
OPIATES	Negative	2000 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL

CERTIFYING SCIENTIST: KSAS01

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

ADDITIONAL COMMENTS:

Test Type: WEAPONS DISCHARGE PER FOR CONT mapped to OTHR

UNIT NO.	PROP. INVENTORY NO.	DATE RECEIVED	MANNER RECEIVED <input type="checkbox"/> MAIL <input type="checkbox"/> COUNTER <input type="checkbox"/> CRIME LAB		<input type="checkbox"/> OTHER- DESCRIBE
DELIVERING OFFICER		[REDACTED]			
CONTENTS - DESCRIBE		[REDACTED]			
AMOUNT \$		CL# 105 1144			
<p align="center">EVIDENCE - PROPERTY ENVELOPE</p> <p align="center">EVIDENCE & RECOVERED PROPERTY SECTION CHICAGO POLICE DEPARTMENT</p>					
CPD-34.559-A		51 090 SEAL WITH			

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 18-SEP-2012		TIME 10:40:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 200		4 BEAT/OCCUR 0735										
	5 POSITION 9171		6 LAST NAME BUTLER		7 FIRST NAME DARWIN E		8 STAR NO 1683		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE BLK		11 AGE [REDACTED]		12 HT 510		13 WT 213				
	14 DATE OF APPT 05-DEC-1994		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 007 0710		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No										
	20 LAST NAME				21 FIRST NAME				22 M I <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F		23 SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE		25 D O B		26 HT		27 WT		
SUBJECT INFORMATION	28 ADDRESS				29 TELEPHONE NO		30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
	33 WHERE WAS MEDICAL TREATMENT OBTAINED?				34 BY WHOM?		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid														
	36 CHARGES PLACED <input checked="" type="checkbox"/> DNA										37 CB NO		IR NO		<input checked="" type="checkbox"/> DNA						
REASON FOR USE OF FORCE (Check all that apply)	38 <input checked="" type="checkbox"/> DNA																				
	SUBJECT'S ACTIONS		PASSIVE RESISTER				ACTIVE RESISTER				ASSAILANT ASSAULT				ASSAILANT BATTERY				ASSAILANT DEADLY FORCE		
MEMBERS RESPONSE	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		FLED <input type="checkbox"/>				IMMINENT THREAT OF BATTERY <input type="checkbox"/>				ATTACK WITH WEAPON <input type="checkbox"/>				USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>						
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>				OTHER _____				ATTACK WITHOUT WEAPON <input type="checkbox"/>				WEAPON <input type="checkbox"/>						
OTHER _____		OTHER _____				OTHER _____				OTHER _____				OTHER _____							
MEMBER PRESENCE <input type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>				ELBOW STRIKE <input type="checkbox"/>				KNEE STRIKE <input type="checkbox"/>				FIREARM <input type="checkbox"/>							
VERBAL COMMANDS <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>				CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>				KICKS <input type="checkbox"/>				OTHER _____							
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>				IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>				IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>											
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>																			
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>																			
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>																			
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>																			
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>																			
OTHER _____		OTHER _____				OTHER _____															
WEAPON DISCHARGE INCIDENT	39 <input type="checkbox"/> DNA																				
	40 ADDITIONAL INFORMATION R/SGT DISCHARGED HIS FIREARM AND DEPLOYED HIS TASER ON A DOG THAT WAS AGGRESSIVELY CHARGING TOWARDS R/SGT AND BEING AGGRESSIVE TOWARDS CITIZENS.																				
	POSITION		STAR NO		UNIT																
41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		44 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>		42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial				44 WEATHER CONDITIONS CLEAR											
45 MAKE/MANUFACTURER SIG/S I G /SWISS INDUSTRIAL GESELLSCHAFT -- S2--		46 MODEL P226		47 BARREL LENGTH 4		48 CALIBER/GAUGE 9 MM															
49 TASER DART ID NO		50 WEAPON SERIAL No (Include Letters)		51 CHICAGO GUN REG NO		52 IL FIREARM OWNER ID NO		53 HANDGUN CERTIFICATE NO													
54 SPECIAL WEAPON CERTIFICATE NO		[REDACTED]		[REDACTED]		[REDACTED]		58 TOTAL NO OF SHOTS MEMBER FIRED 2													
59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input checked="" type="checkbox"/> 03 OTHER (SPECIFY) DNA DISCHARGED WEAPON AT A DOG		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED 0		62 HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)															
63 HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO																	
66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input checked="" type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT																			
68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																			
CASE INFO.	72 NOTIFICATIONS (OC OR TASER INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR NOTIFICATIONS (FIREARM INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report																				
SIGNATURES	73 REPORTING MEMBER (Print Name) BUTLER, DARWIN E		STAR/EMPLOYEE NO 1683		SIGNATURE [REDACTED]																
	18-SEP-2012 14:17:48																				
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below																					
74 REVIEWING SUPERVISOR (Print Name) FIDLER, BRENT S		STAR NO 472		SIGNATURE [REDACTED]										DATE REVIEWED 18-SEP-2012 14:55:43							

39 <input type="checkbox"/> DNA WEAPON DISCHARGE INCIDENT	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR	
	45 MAKE/MANUFACTURER		46 MODEL		47 BARREL LENGTH		48 CALIBER/GAUGE	
	49 TASER DART ID NO C3101TNDK		50 WEAPON SERIAL No (Include Letters) X00-570722		51 CHICAGO GUN REG NO		52 IL FIREARM OWNER ID NO	
	53 HANDGUN CERTIFICATE NO		54 SPECIAL WEAPON CERTIFICATE NO		55 PROPERTY INVENTORY NO		56 TYPE OF AMMUNITION USED	
	57 NO. OF WEAPONS DISCHARGED BY THIS MEMBER 2		58 TOTAL NO. OF SHOTS MEMBER FIRED		59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 03 OTHER (SPECIFY) DNA DISCHARGED WEAPON AT A DOG <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		
65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		
69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		70 EVENT NO						

39 <input type="checkbox"/> DNA WEAPON DISCHARGE INCIDENT	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR	
	45 MAKE/MANUFACTURER SIG/S I G /SWISS INDUSTRIAL GESELLSCHAFT - SZ--		46 MODEL P226		47 BARREL LENGTH 4		48 CALIBER/GAUGE 9 MM	
	49 TASER DART ID NO		50 WEAPON SERIAL No (Include Letters)		51 CHICAGO GUN REG NO		52 IL FIREARM OWNER ID NO	
	53 HANDGUN CERTIFICATE NO		54 SPECIAL WEAPON CERTIFICATE NO		55 PROPERTY INVENTORY NO		56 TYPE OF AMMUNITION USED Department Issued	
	57 NO. OF WEAPONS DISCHARGED BY THIS MEMBER 2		58 TOTAL NO. OF SHOTS MEMBER FIRED 2		59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 03 OTHER (SPECIFY) DNA DISCHARGED WEAPON AT A DOG <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	
61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED 0		62 HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63 HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		
65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input checked="" type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		
69 POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		70 EVENT NO						

39 <input type="checkbox"/> DNA WEAPON DISCHARGE INCIDENT	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input checked="" type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR	
	45 MAKE/MANUFACTURER		46 MODEL		47 BARREL LENGTH		48 CALIBER/GAUGE	
	49 TASER DART ID NO C3101TNDK		50 WEAPON SERIAL No (Include Letters) X00-570722		51 CHICAGO GUN REG NO		52 IL FIREARM OWNER ID NO	
	53 HANDGUN CERTIFICATE NO		54 SPECIAL WEAPON CERTIFICATE NO		55 PROPERTY INVENTORY NO		56 TYPE OF AMMUNITION USED	
	57 NO. OF WEAPONS DISCHARGED BY THIS MEMBER 2		58 TOTAL NO. OF SHOTS MEMBER FIRED		59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 03 OTHER (SPECIFY) DNA DISCHARGED WEAPON AT A DOG <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		
65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		
69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		70 EVENT NO						

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

The offender is a dog, a dead dog

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The officer used force necessary to protect himself from an animal attack

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO _____ OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

FIDLER, BRENT S

SIGNATURE

DATE COMPLETED

TIME

18-SEP-2012 14:57:36

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ SUPPLEMENTARY REPORT

☐ I O D REPORT

80 TOTAL TRR's THIS EVENT No

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

1

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

CHICAGO POLICE DEPARTMENT ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11 388(6/03)-C

RD #: [REDACTED]
EVENT #: [REDACTED]
Case ID

INCIDENT	CLOSED NON-CRIMINAL		
	IUCR: 5081 - Non-Criminal - Other Non-Criminal Property		
	Occurrence Location: [REDACTED] 330 - Other	Beat: 0735	Unit Assigned: 0702 RO Arrival Date: 18 September 2012 14:29
	Occurrence Date: 18 September 2012 10:40		

NON OFFENDER	VICTIM - Individual		Police Officer	
	Name: BUTLER, Sgt D		Demographics	
	1438 W 63rd St Chicago, IL	Beat: 0713	Age:	Years
	Sobriety: Sober			
	Other Communications and Availability			
	Residence 312-747-8220			
	Phone:			

DOMESTIC INFO	[REDACTED]	
	[REDACTED]	

OTHER	Miscellaneous	
	Victim Information Provided	Flash Message Sent ? No

NARRATIVE	EVENT [REDACTED] IN SUMMARY R/O'S RESPONDED TO A VICIOUS ANIMAL CALL AT [REDACTED] SGT BUTLER, BT 735,755 AND ANIMAL CONTROL CAR 207 AND 208 ARRIVED ATAT SAID LOCATION. THEY WERE GREETED BY 2 VICIOUS AND AGRESSIVE PITBULLS .THE CALL STATED THAT THE ANIMALS WERE AGGRESSIVE TOWARDS PEOPLE AND OTHER ANIMALS THEY ENCOUNTERED. THE ANIMALS WERE TRAVELING NORTHBOUND FROM LOCATION AND WERE BOXED IN AT [REDACTED] WHERE SGT BUTLER DEPLOYED ONE TASER ON ONE DOG THAT BROKE FREE OF TASER PROBES. SUBSEQUENTLY THE DOGS TRAVELED TO THE LISTED LOCATION AND BECOME MORE HOSTILE AND AGGRESSIVE TOWARDS THE OFFICERS. AT THAT TIME ONE OF THE DOGS CHARGED TOWARDS D BUTLER (VICTIM) AND SGT BUTLER FIRED TWO ROUNDS STRIKING AND KILLING ONE OF THE ANIMALS. THE DESCEASED ANIMAL WAS RECOVERED IN THE REAR OF [REDACTED] BY ANIMAL CONTROL UNITS. THE SECOND ANIMAL RETREATED TO [REDACTED] WHERE THE OWNER WAS AT. THE OWNER WAS ISSUED SEVERAL CITATIONS. ALSO SEVERAL SURROUNDING RESIDENCE'S WERE CANVASED FOR INJURIES AND/OR DAMAGE TO PROPERTY WITH NEGITIVE RESULTS
-----------	--

PERSONNEL	Star No	Emp No	Name	User	Date	Unit	Beat
	Approving Supervisor	2005	JETEL, Michael, P	[REDACTED]	18 Sep 2012 15:01	007	
	Reporting Officer	12368	RUIZ, Cheryl, L	[REDACTED]	18 Sep 2012 14:55	007	0702



TASER Information		Downloaded By	
Serial #	<i>X00-570722</i>	Name	<i>Eve Gushes</i>
Model #	<i>X26</i>	Dept	<i>CPD</i>
X26 Software Version	<i>22</i>	Rank	<i>Lieutenant</i>
Dataport CD Version	<i>17.9</i>	Windows Version	<i>Windows XP</i>
Record Date Range	<i>09/18/2012 - 09/18/2012</i>	Report Generated	<i>09/18/12 12:38:18 (local)</i>
Computer Time Zone	<i>Central Standard Time *DST</i>		
Using Daylight Savings Time	<i>Yes</i>		

Recorded Firing Data

Seq	GMT Time	Local Time	Duration	Temp	Battery
0001	Incomplete Time Change Record				
0002	10/20/10 14:00:32	10/20/10 09:00:32	Old Time		
0003	10/20/10 14:00:32	10/20/10 09:00:32	New Time		
0004	10/22/11 15:35:56	10/22/11 10:35:56	Old Time		
0005	10/22/11 15:24:22	10/22/11 10:24:22	New Time		
0006	01/13/12 16:10:52	01/13/12 10:10:52	Old Time		
0007	01/13/12 16:08:19	01/13/12 10:08:19	New Time		
0008	08/27/12 14:58:49	08/27/12 09:58:49	Old Time		
0009	08/27/12 14:46:33	08/27/12 09:46:33	New Time		
0010	09/18/12 15:54:05	09/18/12 10:54:05	6	29	93
0011	09/18/12 15:54:11	09/18/12 10:54:11	4	30	92

End of Report.